



DEPARTMENT OF PERSONNEL ADMINISTRATION

ARNOLD SCHWARZENEGGER, Governor

MEMORANDUM



ATTACHMENT F

DATE: August 30, 2006

TO: Jack Gordon
123 Easy Street
Sacramento, CA 95814

FROM: Susan Coats
FlexElect Coordinator
Administrative Services Division
(916) 327-6429; FAX (916) 322-3769

SUBJECT: Confirmation of Medical Reimbursement Account Election through COBRA

This statement confirms the continuation of your current Medical Reimbursement Account (MRA) enrollment through the **Consolidated Omnibus Budget Reconciliation Act (COBRA)**. Your enrollment, as outlined below, is for the period of September 1, 2006 through December 31, 2006.

COBRA ELECTION

PREMIUM REQUIRED PER MONTH

Medical Reimbursement Account Premium	\$100.00
FlexElect Administrative Fee (2% of premium)	<u>2.00</u>
Total Amount to be Submitted Per Month	\$102.00

You have chosen to make monthly COBRA payments to continue your FlexElect MRA through **COBRA**. Each payment must be submitted by the first of each month to ensure proper crediting of your account. Failure to pay the required premium within the prescribed timeframes will result in the termination of your account. Please indicate on your check the month for which you are making a payment and your social security number. Your check should be made payable to the **Department of Personnel Administration** and sent to the following address:

**Department of Personnel Administration
Benefits Division/FlexElect Program
1515 S Street, North Bldg., Suite 400
Sacramento, California 95814
Attention: Sue Odom**

If you have any questions regarding this enrollment confirmation memo, please call me at the phone number above.